

REQUEST FOR PUBLIC FUNDS FORM

Submit to: Office of the City Manager
City of Wylie
2000 Highway 78 North
Wylie, Texas 75098

Telephone: 972-442-8121

Fax: 972-442-4302

Deadline: May 1, 2006

Name of Organization: _____

Address of Organization: _____

Telephone of Organization: _____

Name(s) of Contact Person: _____

Federal Tax ID: _____

Requested Donation Amount: _____

List of Attachments:

- ___ Copy of 501 (c) (3) Nonprofit Status Certification Letter.
- ___ Certificate of Liability Insurance.
- ___ Copy of Organization Bylaws and Mission Statement.
- ___ Current List of Board of Directors, Officers, and Staff.
- ___ Copy of the most recent Audited Financial Statement and/or Budget
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____

Briefly describe the purpose, programs, and accomplishments of the organization:

How is the organization governed and managed?

What is the geographic service area of the organization?

If the organization serves outside the City of Wylie, please indicate the number or percentage of Wylie citizens served:

Has the organization previously applied for a donation of public funds from the City of Wylie? Yes ___ No ___ If "Yes" briefly describe the details and outcome of the request:

What is the intended use of the requested donation of public funds?

What benefit to the citizens of Wylie (educational, economic, health, etc.) will result from the requested donation of public funds?

Explain how the organization will evaluate the results of the use of this donation of public funds:

The undersigned do hereby attest that the above information is true and correct to the best of our knowledge.

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date